

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/08/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  345175	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____  AUG 17 2011	(X3) DATE SURVEY COMPLETED  C 08/04/2011
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NAME OF PROVIDER OR SUPPLIER  SMITHFIELD MANOR INC	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 1940 SMITHFIELD, NC 27577
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F 312 SS=D	<p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interviews and record review the facility failed to provide oral care during morning care and failed to provide proper perineal care for 2 of 2 sampled residents (Residents # 2 and # 3) whose care was observed. Findings include:</p> <p>1. A. The facility's policy on Perineal Care, revised 10/10, indicated when providing perineal care for a female resident, the perineal area should be wiped from front to back. Under Paragraph 9, Section A, the policy indicated the labia should be separated and the cleansing should continue from inside outward to and including thighs, alternating from side to side, and using downward strokes. The policy continued by indicating the same washcloth or water should not be used to clean the urethra or the labia.</p> <p>Resident # 2 was readmitted on 03/25/11 with cumulative diagnoses of anorexia, hypertension, diabetes, and difficulty walking.</p> <p>The Hospital Transfer Summary, dated 03/24/11, indicated as # 4 under DISCHARGE DIAGNOSES, that Resident # 2 had a urinary tract infection (UTI) caused by Candida (a fungal</p>	F 312	<p>1. A – Resident #2 will receive proper perineal care that will include, but not limited to, the separation of her labia during the procedure so as to necessitate adequate cleaning with always cleansing from front to back and that the bath water is changed prior to the delivery of perineal care.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: David F. [Signature] TITLE: ADMINISTRATOR (X6) DATE: 08-16-11

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 312	<p>Continued From page 1 infection) and under # 8 was listed a history of recurrent UTI.</p> <p>The resident's care plan, dated 10/04/10, indicated Resident # 2 required assistance with her activities of daily living. Interventions to make sure the care was provided included giving a shower on Wednesdays.</p> <p>Resident # 2's quarterly Minimum Data Set (MDS), indicated the resident was able to understand and was able to be understood. There were no behaviors coded. The MDS also indicated Resident # 2 required extensive assistance with personal hygiene. She was assessed as frequently incontinent of bowel and bladder.</p> <p>An observation was made on 08/03/11 at 11:10 AM. Nursing Assistant (NA) # 1 gave Resident # 2 a bed bath. The NA assisted Resident # 2 to sit on the side of the bed. The resident 's upper body was washed followed by her legs and feet. After completion of the resident 's lower extremities, the NA proceeded to remove the resident 's incontinent brief. The NA then assisted Resident # 2 to a standing position. The resident 's upper body was stooped slightly as she used the wheelchair for balance. Without changing the bath water, the NA stood on the resident 's posterior side, reached between her legs and made several swipes with the wash cloth. There was no instruction for the resident to widen her stance and there was no observation of NA # 1 separating the resident 's labia. A new incontinent brief was applied.</p> <p>On 08/03/11 at 1:20 PM, an interview was held</p>	F 312	<p>NA #1 counseled and provided a copy of the facility's policy regarding proper technique for perineal care , placed on three (3) day suspension, provided one-on-one directed in-service with Staff Development Coordinator, and will be included in future "AM Care Delivery "audits conducted by the Quality Assurance Coordinator.</p> <p>In-service to be conducted by the Clinical Director of Nursing and the Staff Development Coordinator which will include, but not limited to, proper perineal care.</p> <p>Proper perineal care will be included in each Certified Nursing Assistant's Skills Lab which will be performed by the Staff Development Coordinator as part of their yearly performance/ competency evaluation.</p>		

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F 312	<p>Continued From page 2</p> <p>with Nurse # 1. Nurse # 1 was assigned to care for Resident # 2 on the 7 to 3 shift. The nurse stated the technique for performing perineal care included separating the labia and cleansing thoroughly. The expectation was for the bath water to be changed before cleansing the perineum. If the water was not changed or the perineum cleansed, a urinary tract infection could result from bacteria introduced into the urinary system.</p> <p>An interview was held with NA # 1 on 08/03/11 at 2:35 PM. She stated she had been taught to wash from front to back when providing perineal care to a female resident. The NA stated she had not been taught to change the water before bathing the perineum and would only change the water if she found the water to be visibly soiled. NA # 1 stated she would uncomfortable having her labia separated for cleansing if she were a resident, and therefore, she did not do that to the residents she cared for.</p> <p>On 08/03/11 at 2:55 PM, an interview was held with the Staff Development Coordinator (SDC). She stated the expectation was that any NA would come to the facility with a basic knowledge of how to perform incontinent care. The SDC stated on hire, the new NA would be paired with another staff member. Between the staff member and the nurse, the new NA 's ability to perform care, including incontinent care would be verified. For women, the NA 's were taught to wash from front to back, separating the labia to make sure any soiling was removed. The SDC stated the bath water should be changed before cleansing the perineum. The SDC added this was important to keep bacteria, such as</p>	F 312	<p>Audits conducted by the Quality Assurance Nurse will become part of the agenda of the next scheduled quarterly Quality Assurance Committee meeting. This committee will seek to</p> <hr/> <p>determine if emphasis in the area of proper perineal care can be determined to be a factor in the decrease of urinary tract infections throughout the facility population.</p>		

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F 312	<p>Continued From page 3</p> <p>Escherichia coli, from entering the urinary system.</p> <p>Interviews were held with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) on 08/04/11 at 9:15 AM. The DON stated perineal care should be performed per facility policy. This included changing the water prior to washing the perineal area. The DON added the protocol for cleansing the perineal area included opening the labia and cleansing the area thoroughly. The ADON and DON stated one of the contributing factors for a UTI would be improper perineal care. The DON stated she would have expected NA # 1 to have a basic knowledge of perineal care after completing her NA course.</p> <p>B. The facility policy, titled, MOUTH CARE, revised 10/10, indicated the purpose of the procedure was to keep the resident ' s lips and oral tissues moist, to cleanse and to fresh the resident ' s mouth and to prevent infections of the mouth.</p> <p>Resident # 2 was readmitted on 03/25/11 with cumulative diagnoses of anorexia, hypertension, diabetes, and difficulty walking.</p> <p>The resident's care plan, dated 10/04/10, indicated Resident # 2 required assistance with her activities of daily living. Interventions to make sure the care was provided included giving a shower on Wednesdays.</p> <p>Resident # 2's quarterly Minimum Data Set (MDS), indicated the resident was able to understand and was able to be understood.</p>	F 312	<p>B –Resident #2 will receive proper mouth care with toothettes on a daily basis as part of her AM care.</p> <p>NA #1 Counseled and provided a copy of the facility's policy for Mouth Care, placed on three (3) day suspension, provided one-on-one directed in-service with Staff Development Coordinator, and will included in future "AM Care Delivery" audits conducted by the Quality Assurance Coordinator.</p> <p>In-service to be conducted by the Clinical Director of Nursing and the Staff Development Coordinator which will include, but not limited to, proper Mouth Care.</p>		

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F 312	<p>Continued From page 4</p> <p>There were no behaviors coded. The MDS also indicated Resident # 2 required extensive assistance with personal hygiene.</p> <p>An observation was made on 08/03/11 at 11:10 AM. Nursing Assistant (NA) # 1 gave Resident # 2 a bed bath. After completion of the bath, the NA dressed the resident and assisted her to her wheelchair. Hair care was provided. NA # 1 stated she had completed morning care for Resident # 2. No oral care was observed.</p> <p>On 08/03/11 at 1:20 PM, an interview was held with Nurse # 1. Nurse # 1 was assigned to care for Resident # 2 on the 7 to 3 shift. He stated in addition to a bath, the expectation was for resident to receive hair care and mouth care.</p> <p>An interview was held with NA # 1 on 08/03/11 at 2:35 PM. She stated morning care included hair care and mouth care in addition to a shower or bed bath. The NA added Resident # 2 had no teeth and acknowledged she had not provided oral care. She added the resident had toothettes in her drawer, but there were old. NA # 1 provided no other reason for omitting oral care for Resident # 2.</p> <p>On 08/03/11 at 2:55 PM, an interview was held with the Staff Development Coordinator (SDC). She stated the expectation was that NA # 1 would have been hired with a basic knowledge of how to perform activities of daily living. The SDC added that morning care included hair care, nail care and mouth care in addition to bathing and dressing the resident. The SDC stated on hire, the new NA would be paired with another staff member. Between the staff member and the</p>	F 312	<p>Proper Mouth Care will be included in each Certified Nursing Assistant's Skills Lab which will be performed by the Staff Development Coordinator as part of their yearly performance/competency evaluation.</p> <p>Audits conducted by the Quality Assurance Nurse will become part of the agenda of the next scheduled quarterly Quality Assurance Committee meeting.</p> <p><u>"Do you receive mouth care daily with your morning care" question will be added to the Resident Satisfaction audits conducted by the Quality Assurance Nurse on a quarterly basis.</u></p>	

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F 312	<p>Continued From page 5</p> <p>nurse, the new NA 's ability to perform care, including incontinent care would be verified.</p> <p>Interviews were held with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) on 08/04/11 at 9:15 AM. The DON stated NA # 1 should have had a basic knowledge of morning care since she had completed a NA course. The DON added that in addition to a bath, the expectation was for each resident to receive hair care and mouth care. She added if a resident had no teeth, then toothettes should have been used to freshen Resident # 2 's mouth.</p> <p>2. A. A. The facility's policy on Perineal Care, revised 10/10, indicated when providing perineal care for a female resident, the perineal area should be wiped from front to back. Under Paragraph 9, Section A, the policy indicated the labia should be separated and the cleansing should continue from inside outward to and including thighs, alternating from side to side, and using downward strokes. The policy continued by indicating the same washcloth or water should not be used to clean the urethra or the labia.</p> <p>Resident # 3 was readmitted on 09/03/08 with diagnoses that included cervical spinal stenosis, paraplegia, hypertension and diabetes.</p> <p>A care plan, dated 03/30/11 indicated Resident # 3 required assistance with activities of daily living. The goal was her care would be provided.</p> <p>Resident # 3 's Quarterly, Minimum Data Set (MDS), dated 06/29/11, indicated the resident was able to understand and be understood. The</p>	F 312	<p>A- Resident #3 will receive proper perineal care that will include, but not limited to, the separation of her labia during the procedure so as to necessitate adequate cleaning with always cleansing from front to back and that the bath water is changed prior to the delivery of perineal care.</p>		

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F 312	<p>Continued From page 6</p> <p>MDS was coded to indicate the resident was severely cognitively impaired and required extensive assistance with personal hygiene and toileting. Resident # 3 had been assessed as always incontinent of bowel and bladder.</p> <p>Nursing Assistant (NA) # 1 was observed on 08/03/11 at 9:23 AM giving Resident # 3 her morning care. The NA bathed the resident 's upper body and then proceeded to her lower extremities and feet. After completion of the resident 's lower extremities, the NA removed the resident 's incontinent brief. With Resident # 3 's legs laying approximately 4 inches apart, the NA wiped Resident # 3 's perineum area. The NA did not request or assist the resident in parting her legs and the NA did not separate the resident 's labia in order to wash the perineal area. The NA did not change the bath water prior to washing Resident # 3 's perineum. The NA then dressed the resident, changed the bed sheets and affirmed she had completed the resident 's morning care.</p> <p>On 08/03/11 at 1:20 PM, an interview was held with Nurse # 1. Nurse # 1 was assigned to care for Resident # 2 on the 7 to 3 shift. The nurse stated the technique for performing perineal care included separating the labia and cleansing thoroughly. The expectation was for the bath water to be changed before cleansing the perineum. If the water was not changed or the perineum cleansed, a urinary tract infection could result from bacteria introduced into the urinary system.</p> <p>An interview was held with NA # 1 on 08/03/11 at 2:35 PM. She stated she had been taught to</p>	F 312	<p>NA#1 counseled and provided a copy of the facility's policy regarding proper technique for perineal care, placed on three (3) day suspension, provided one-on-one directed in-service with Staff Development Coordinator, and will be included in future "AM Care Delivery" audits conducted by the Quality Assurance Coordinator.</p> <p>In-service to be conducted by the Clinical Director of Nursing and the Staff Development Coordinator which will include, but not limited to, proper perineal care.</p> <p>Proper perineal care will be included in each Certified Nursing Assistant's Skills Lab which will be performed by the Staff Development Coordinator as part of their yearly performance/competency evaluation.</p>		

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F 312	<p>Continued From page 7</p> <p>wash from front to back when providing perineal care to a female resident. The NA stated she had not been taught to change the water before bathing the perineum and would only change the water if she found the water to be visibly soiled. NA # 1 stated she would uncomfortable having her labia separated for cleansing if she were a resident, and therefore, she did not do that to the residents she cared for.</p> <p>On 08/03/11 at 2:55 PM, an interview was held with the Staff Development Coordinator (SDC). She stated the expectation was that any NA would come to the facility with a basic knowledge of how to perform incontinent care. The SDC stated on hire, the new NA would be paired with another staff member. Between the staff member and the nurse, the new NA 's ability to perform care, including incontinent care would be verified. For women, the NA 's were taught to wash from front to back, separating the labia to make sure any soiling was removed. The SDC stated the bath water should be changed before cleansing the perineum. The SDC added this was important to keep bacteria, such as Escherichia coli, from entering the urinary system.</p> <p>Interviews were held with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) on 08/04/11 at 9:15 AM. The DON stated perineal care should be performed per facility policy. This included changing the water prior to washing the perineal area. The DON added the protocol for cleansing the perineal area included opening the labia and cleansing the area thoroughly. The ADON and DON stated one of the contributing factors for a UTI would be</p>	F 312	<p>Audits conducted by the Quality Assurance Nurse will become part of the agenda of the next scheduled quarterly Quality Assurance Committee meeting. This committee will seek to determine if emphasis in the area of proper perineal care can be determined to be a factor in the decrease of urinary tract infections throughout the facility population.</p>		



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F 312	<p>Continued From page 8</p> <p>improper perineal care. The DON stated she would have expected NA # 1 to have a basic knowledge of perineal care after completing her NA course.</p> <p>B. The facility policy, titled, MOUTH CARE, revised 10/10, indicated the purpose of the procedure was to keep the resident ' s lips and oral tissues moist, to cleanse and to fresh the resident ' s mouth and to prevent infections of the mouth.</p> <p>Resident # 3 was readmitted on 09/03/08 with diagnoses that included cervical spinal stenosis, paraplegia, hypertension and diabetes.</p> <p>A care plan, dated 03/30/11 indicated Resident # 3 required assistance with activities of daily living. The goal was her care would be provided.</p> <p>Resident # 3 ' s Quarterly, Minimum Data Set (MDS), dated 06/29/11, indicated the resident was able to understand and be understood. The MDS was coded to indicate the resident was severely cognitively impaired and required extensive assistance with personal hygiene and toileting.</p> <p>Nursing Assistant (NA) # 1 was observed on 08/03/11 at 9:23 AM giving Resident # 3 her morning care. After bathing and dressing the resident, NA # 1 affirmed she had completed the resident ' s morning care. No hair care or mouth care were observed given to Resident # 3.</p> <p>On 08/03/11 at 1:20 PM, an interview was held with Nurse # 1. Nurse # 1 was assigned to care for Resident # 3 on the 7 to 3 shift. He stated in</p>	F 312	<p>B – Resident #3 will receive proper mouth care as part of the delivery of her AM Care. NA #1 counseled and provided a copy of the facility's policy regarding proper technique for mouth care, placed on three (3) day suspension, provided one-on-one directed in-service with Staff Development Coordinator, and will be included in future "AM Care Delivery" audits conducted by the Quality Assurance Coordinator/Nurse. In-service to be conducted by the Clinical Director of Nursing and the Staff development Coordinator which will include, but not limited to, proper mouth care. Proper mouth care will be included in each Certified Nursing Assistant's Skill Lab which will be performed by the Staff Development Coordinator as part of their yearly performance/competency evaluation.</p>	
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NAME OF PROVIDER OR SUPPLIER  <b>SMITHFIELD MANOR INC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>PO BOX 1940</b> <b>SMITHFIELD, NC 27577</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 312	<p>Continued From page 9</p> <p>addition to a bath, the expectation was for resident to receive hair care and mouth care.</p> <p>An interview was held with NA # 1 on 08/03/11 at 2:35 PM. She stated morning care included hair care and mouth care in addition to a shower or bed bath. NA # 1 acknowledged she had not provided oral care to Resident # 3. There was no reason given for the omission.</p> <p>On 08/03/11 at 2:55 PM, an interview was held with the Staff Development Coordinator (SDC). She stated the expectation was that NA # 1 would have been hired with a basic knowledge of how to perform activities of daily living. The SDC added that morning care included hair care, nail care and mouth care in addition to bathing and dressing the resident. The SDC stated on hire, the new NA would be paired with another staff member. Between the staff member and the nurse, the new NA 's ability to perform care, including incontinent care would be verified.</p> <p>Interviews were held with the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) on 08/04/11 at 9:15 AM. The DON stated NA # 1 should have had a basic knowledge of morning care since she had completed a NA course. The DON added that in addition to a bath, the expectation was for each resident to receive hair care and mouth care.</p>	F 312	<p>Audits conducted by the Quality Assurance Nurse will become part of the agenda of the next scheduled quarterly Quality Assurance Committee meeting. "Do you receive mouth care as part of your AM care" question will be made part of the Resident Satisfaction audit conducted quarterly by the Quality Assurance Nurse. These audits will be reviewed at the quarterly Quality Assurance Committee meeting.</p> <p>Correction action will be completed by September 1, 2011.</p>	09-01-11	